

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4		2				
5		2				
6		1				
7		1				
8	1					
9		1				
10		1				
11		2				
12		2				
13		1				
14		1				
15	1					
16		1				
17		1				
18		1				
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32	1					
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34	1					
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36	1					
37		1				
38	1					
39		1				
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47						
48						
49						
50						
TOTAL IND.	10					

	IND.	DEP.	IND.	DEP.	IND.
51					
52					
53					
54					
55					
56					
57					
58					
59					
60					
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94					
95					
96					
97					
98					
99					
100					
TOTAL					